GLOBAL BANK

ELECTRONIC BANKING SERVICE REQUEST FORM – LEGAL CLIENT
Fill out all the fields in this form with a computer or legible handwriting. Print and sign the document

For Bank's Use

MIS code: Company identification: Contract:

Account Officer: Date:

General Information of the Company

Type of Request: ☐ New   or   ☐ Maintenance

Registered Name:

RUC:

Contact name:

Email: Phone:

Mass Transaction Services: Payroll, Supplier, Creditor, and Miscellaneous Payments. Make collections
(collections, ex.: insurance, schools)

Yes ☐   **No** ☐

Maximum Daily Amount:

Affiliate all accounts ☐   or Affiliate the following accounts:

Payroll – Payment of Debit Card Annual Fee (If Applicable)

The charge will be made to the company for the first year.

Second Year and onward: Company ☐   (or)   Employee ☐

Administrators

Administrator Access	Main Administrator	Secondary Administrator (optional)
Company registration	X	
User and role administration	X	X
Access to all products and services	X	X
Creation of approval matrices	X	X
Requests, inquiries, creation, and approval of transactions	X	X

Name of **main administrator**:   Personal ID/Passport:

Email: Mobile:

Name of **secondary administrator**:   Personal ID/Passport:

Email: Mobile:

Operators

Operator N°1

Name: Personal ID/Passport:

Email: Mobile:

Affiliate all accounts ☐   or Affiliate the following accounts:

☐ New operator   ☐ Inactivate Operator
☐ Link products Post-Affiliation   ☐ Unblock password

Operator N°2

Name: Personal ID/Passport:

Email: Mobile:

Affiliate all accounts ☐   or Affiliate the following accounts:

☐ New operator   ☐ Inactivate Operator
☐ Link products Post-Affiliation   ☐ Unblock password

Operator N°3

| Name: | | Personal ID/Passport: | |
| Email: | | Mobile: | |

Affiliate all accounts ☐   or Affiliate the following accounts:

☐ New operator   ☐ Inactivate Operator
☐ Link products Post-Affiliation   ☐ Unblock password

Operator N°4

| Name: | | Personal ID/Passport: | |
| Email: | | Mobile: | |

Affiliate all accounts ☐   or Affiliate the following accounts:

☐ New operator   ☐ Inactivate Operator
☐ Link products Post-Affiliation   ☐ Unblock password

Operator N°5

| Name: | | Personal ID/Passport: | |
| Email: | | Mobile: | |

Affiliate all accounts ☐   or Affiliate the following accounts:

☐ New operator   ☐ Inactivate Operator
☐ Link products Post-Affiliation   ☐ Unblock password

Operator N°6

| Name: | | Personal ID/Passport: | |
| Email: | | Mobile: | |

Affiliate all accounts ☐   or Affiliate the following accounts:

☐ New operator   ☐ Inactivate Operator
☐ Link products Post-Affiliation   ☐ Unblock password

Operator N°7

| Name: | | Personal ID/Passport: | |
| Email: | | Mobile: | |

Affiliate all accounts ☐   or Affiliate the following accounts:

☐ New operator   ☐ Inactivate Operator
☐ Link products Post-Affiliation   ☐ Unblock password

The legal client hereby requests opting out of the following services:

Service	Select	Reason
Online Banking	☐	
Commercial ACH	☐	

The client declares to have read and accepted the terms and conditions that appear in this request and its annexes.

I certify that I release Global Bank Corp. from any responsibility, damage or loss that may be caused to the Company due to improper use of the services presented through the Electronic Banking systems by authorized users.

This will be processed within 48 business hours after its receipt, as long as it is duly completed. Use printed or legible handwriting without smudging or crossing out.

Name and signature of the person authorized in minutes or proxy

Name:		Personal ID/Passport:	
Signature:			
Date:			
Reviewed by the Bank:			